

03/17/00

03/17/00

3-17-00

 03/17/00  
 09/528094  
 JCS25 U.S. PRO
Please type a plus sign (+) inside box ☒

# UTILITY PATENT APPLICATION TRANSMITTAL

(only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

VSD-201.1-CON

Total Pages

First Named Inventor or Application Identifier

FRANK MONTERO

Express Mail Label No.

EL227319694US

## APPLICATION ELEMENTS

See MPEP Chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form (attached hereto in duplicate)2. ☒ Specification [Total Pages 220]

(Preferred arrangement set forth below)

- Descriptive Title of the Invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R&D
- Reference to Microfiche Appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

3. ☒ Drawing(s) [Total Sheets 6]

4. Oath or Declaration

a. ☐ Newly executed (original or copy)b. ☒ Copy from a prior application (37 CFR 1.63(d))  
(for continuation/divisional check boxes 5 and 16)i. ☐ Deletion of Inventor(s)

Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

5. ☒ Incorporation by Reference  
(useable if Box 4b is checked)

The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

ADDRESS TO: Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 202316. ☐ Microfiche Computer Program (Appendix)7. Nucleotide and/or Amino Acid Sequence  
Submission (if applicable, all necessary)a. ☐ Computer Readable Copyb. ☐ Paper Copy (identical to computer copy)c. ☐ Statement verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

8. ☐ Assignment Papers (cover sheet & document(s))9. ☐ 37 CFR 3.73(b) Statement(when there is an assignee) ☐ Power of Attorney10. ☐ English Translation Document (if applicable)11. ☐ Information Disclosure Statement(IDS)/PTO-1449 ☐ Copies of IDS Citations12. ☐ Preliminary Amendment13. ☒ Return Receipt Postcard (MPEP 503)

(Should be specifically itemized)

14. ☐ Certified Copy of Priority Document(s)

(if foreign priority is claimed)

15. ☐ Other:

16. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

☒ Continuation ☐ Divisional ☐ Continuation-in-Part (CIP) of prior application No: 09/071,874 filed May 4, 199817. ☒ For this continuation application, please cancel original Claims 1-416 of the prior application before calculating the filing fee.

## 18. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Labelor ☒ Correspondence Address below

Name: C. Andrew Im

Address: Fulbright &amp; Jaworski L.L.P.

666 Fifth Avenue

New York, NY 10103-3198 USA

## 19. TELEPHONE CONTACT

Please direct all telephone calls or telefaxes to C. Andrew Im at:

Telephone: (212) 318-3359

Fax: (212) 752-5958

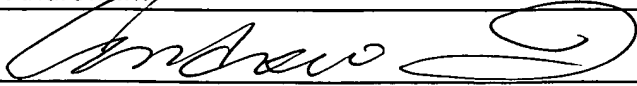
## 19. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME

C. Andrew Im

Reg. No. 40,657

SIGNATURE



DATE

March 14, 2000

<b>FEE TRANSMITTAL</b>	<i>Complete if Known</i>	
	Application Number	To be assigned
	Filing Date	3/13/00
	First Named Inventor	Frank Montero
	Group Art Unit	To be assigned
	Examiner Name	To be assigned
	Attorney Docket Number	VSD-201.1-CON


## FEE CALCULATION

### CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$345.00
TOTAL CLAIMS	6- 20 =	0	x 18.00	0
INDEPENDENT CLAIMS	2- 3 =	0	x 78.00	0
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A		
			TOTAL FEES	\$345.00

## METHOD OF PAYMENT

- ☐ Please charge Deposit Account No.50-0624 in the amount of \$. A copy of this sheet is enclosed.
- ☒ A check for \$345.00 is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 50-0624. A copy of this sheet is enclosed.

<b>SUBMITTED BY:</b>		<i>Complete (if applicable)</i>
Typed or Printed Name	C. Andrew Im	Reg. No. 40,657
Signature		<b>Deposit Account No. 50-0624</b>
	Date: March 14, 2000	